



CONTRACT AMENDMENT

DSHS CONTRACT NUMBER:

0545-76343

Amendment No. 01

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number

Contractor Contract Number

CONTRACTOR NAME SignOn: A Sign Language Interpreting Resource		CONTRACTOR doing business as (DBA) SignOn	
CONTRACTOR ADDRESS 1414 Dexter Ave. N, Suite 316 Seattle, WA 98109		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER 66171
CONTRACTOR CONTACT Beth Schoenberg	CONTRACTOR TELEPHONE (206) 632-7100 Ext: 11	CONTRACTOR FAX (206) 632-0405	CONTRACTOR E-MAIL ADDRESS beths@signonasl.com
DSHS ADMINISTRATION Health and Rehabilitative Services Administration		DSHS DIVISION Office of the Deaf and Hard of Hearing	DSHS CONTRACT CODE 6700TC
DSHS CONTACT NAME AND TITLE I. Colleen Rozmaryn Program Manager		DSHS CONTACT ADDRESS PO Box 45301 Olympia, WA 98504-5301	
DSHS CONTACT TELEPHONE (360) 902-0851 Ext:	DSHS CONTACT FAX (360) 902-0855		DSHS CONTACT E-MAIL ADDRESS rozmaic@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No			CFDA NUMBERS
AMENDMENT START DATE 07/01/2005		CONTRACT END DATE 06/30/2007	
PRIOR MAXIMUM CONTRACT AMOUNT \$0.00	AMOUNT OF INCREASE OR DECREASE \$0.00		TOTAL MAXIMUM CONTRACT AMOUNT \$0.00
REASON FOR AMENDMENT; CHANGE OR CORRECT OTHER: SEE PAGE TWO			
ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: <input type="checkbox"/> Additional Exhibits (specify):			
This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.			
CONTRACTOR SIGNATURE		PRINTED NAME AND TITLE	DATE SIGNED
DSHS SIGNATURE		PRINTED NAME AND TITLE	DATE SIGNED

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

The original rate sheet, Exhibit D, is hereby replaced with the attached new Exhibit D.

All other terms and conditions of this Contract remain in full force and effect.

Exhibit D – Hourly Rate Price Sheet

DSHS Contract #0545-76343

Amendment No. 1

NAME OF INDIVIDUAL OR AGENCY: **SignOn**

DATE (mm/dd/yy): **04/25/05**

Correction only

ALL INCLUSIVE HOURLY RATES:

I/we propose to offer Sign Language Interpreter Services under this contract at the following rate(s)*:

National Association of the Deaf (NAD)	Registry of Interpreter f/t Deaf (RID)	National Interpreter Certification (NIC)	Non-Certified	Maximum Hourly Rate	Contract or Rates*
Level V	SC:L, MCSC	Certified Expert Interpreter	N/A	\$55/hr	\$55/hr
DeafBlind Rate	DeafBlind Rate	DeafBlind Rate		\$58/hr	\$58/hr
Level IV	CSC, CI and CT, RSC, CDI, CLIP-R	Certified Advanced Interpreter	QDI	\$50/hr	\$50/hr
DeafBlind Rate	DeafBlind Rate	DeafBlind Rate		\$53/hr	\$53/hr
Level III	IC, TC, IC/TC, CI, CT, OIC:C, OTC	Certified Interpreter	N/A	\$40/hr	\$40/hr
DeafBlind Rate	DeafBlind Rate	DeafBlind Rate		\$43/hr	\$43/hr
N/A	N/A	N/A	Non-Certified	\$25/hr	\$25/hr
			DeafBlind Rate	\$28/hr	\$28/hr

* DSHS will not award contracts to bids with contractor rates exceeding the maximum hourly rate limit.

** If contractor sub-contract with freelance interpreters, rates paid to these interpreters must be on price sheet. All bids with interpreter rates should be marked as proprietary.